



Department of Environment and Conservation - Division of Superfund

2000 Drycleaning Facilities Registration

(OPERATIONAL CALENDAR YEAR 1999)

1. **REGISTRATION TYPE:** Initial / Revised / Renewal

Active / Abandoned Facility

2. **FACILITY INFORMATION:**

Registration #: D - _____ - _____

Facility Name: _____ County: _____

Address: _____ EPA ID #: _____

City/State/Zip: _____ Telephone: (____) _____

Mailing Address (if different): _____

Manager/Operator: _____ Telephone: (____) _____

Address: _____ Zip code: _____

Facility Owner: _____ Telephone: (____) _____

Address: _____ Zip code: _____

Property Owner: _____ Telephone: (____) _____

Address: _____ Zip code: _____

3. **SITE INFORMATION:**

(a) Is this an initial registration? (Yes/No) If yes, complete items 3(b) through 3(d) otherwise go to item 3(e).

(b) Indicated the date drycleaning operations began or will begin at this location. _____

(c) Did the facility previously operate at another location? (Yes/No) If yes, indicate location. _____

(d) Does the facility have floor drains? (Yes/No) If yes, indicate the distance from machine/solvent areas. _____

(e) In the past year have there been any changes in the number or location of dry/pickup stores previously reported or was the answer to item 3(a) yes? (Yes/No) If yes, indicate dry/pickup store information in the space provided. _____

(f) Active Facilities only. Is the facility, staffed by a Certified Environmental Drycleaner (CED)? (Yes/No) If yes, submit a copy of the CED certificate along with your registration form and fee.

(g) In the past year have there been any operational changes in the facility (i.e. number of machines, type of machine, type of solvent used, solvent delivery method, solvent waste disposal, etc.)? (Yes/No) If yes, complete Section 7 on page 2.

(h) Do the solvent purchases identified in Section 6 represent all solvent that was obtained and on which the appropriate surcharge was paid? (Yes/No) If no, explain. _____

(i) In the past year did you sell or transfer solvent to another drycleaning facility? (Yes/No) If yes, identify the date, facility and quantity of solvent sold or transferred. _____

4. **REGISTRATION FEES:** Calculate the number of full time equivalent (FTE) employees by dividing the total number of work hours for the year (excluding the owner/manager), by the number of weeks the facility operated, then divide by 40. Refer to the instructions, including the fee table to determine the appropriate fee.

(1) _____ ÷ (2) _____ = (3) _____
Total annual work hours number of weeks operated average weekly hours

(3) _____ ÷ 40 = (4) _____ FTE employees
average weekly hours

Registration Fee: _____

5. **CERTIFICATION:** I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments, is true, accurate and complete to the best of my knowledge, information and belief.

Signature of Owner/Manager or Authorized Representative

Title

Date

6. SOLVENT PURCHASES:

(page 2)

(a) Solvent purchased from **January 1, 1999 to March 31, 1999**. Indicate the quantity (gallons).

<u>Supplier</u>	<u>nonhydrocarbon</u>	<u>hydrocarbon</u>
_____	_____	_____
_____	_____	_____
Total solvent purchased	_____	_____

(b) Solvent purchased from **April 1, 1999 to June 30, 1999**. Indicate the quantity (gallons).

<u>Supplier</u>	<u>nonhydrocarbon</u>	<u>hydrocarbon</u>
_____	_____	_____
_____	_____	_____
Total solvent purchased	_____	_____

(c) Solvent purchased from **July 1, 1999 to September 30, 1999**. Indicate the quantity (gallons).

<u>Supplier</u>	<u>nonhydrocarbon</u>	<u>hydrocarbon</u>
_____	_____	_____
_____	_____	_____
Total solvent purchased	_____	_____

(d) Solvent purchased from **October 1, 1999 to December 31, 1999**. Indicate the quantity (gallons).

<u>Supplier</u>	<u>nonhydrocarbon</u>	<u>hydrocarbon</u>
_____	_____	_____
_____	_____	_____
Total solvent purchased	_____	_____

7. MACHINE SPECIFIC INFORMATION: Complete this section only if the response to either item 3(a) or 3(g) was "yes".
Make additional copies of this page for each drycleaning machine. If reporting more than one machine, identify each machine separately with an alphabetic character, beginning with the letter "a" (i.e., three machines would be indicated as Machine a, Machine b, Machine c).

- (a) Indicate the number of drycleaning machines at this location: _____ Machine #: _____
 (b) Age of machine: _____ Date put into operation at this location: _____ Solvent used _____
 (c) Machine type [transfer, dry to dry vented, dry to dry non-vented, other (explain)]: _____

(d) Have you upgraded existing equipment or repaired the equipment within the past year? (Yes/No) If yes, be specific. Indicate the date, the type of upgrade/repair and the supplier that completed the upgrade or repair. *(If more space is needed, attach a separate page.)* _____

(e) How is the solvent obtained? _____ closed loop/direct-coupled, _____ Pumped from truck, _____ 5 gal. container, _____ 55 gal. drum, or other (explain) _____

(f) Machine load capacity (lb.): _____ Average pounds processed per load: _____

(g) Average number of loads processed by this machine each day of operation: _____

(h) Indicate below how the wastes you generate are being disposed/handled by placing "✓" in the space provided for each method that applies. Indicate any additional wastes that are generated which may contain drycleaning solvent. If wastes are handled, by a hazardous waste disposal company indicate the name of the company in the space provided.

<u>Waste</u>	<u>Sanitary Sewer</u>	<u>Septic Tank</u>	<u>Dumpster</u>	<u>Hazardous Waste Disposal Firm</u>	<u>Other (Explain)</u>
Sludges	_____	_____	_____	_____	_____
Still bottoms	_____	_____	_____	_____	_____
Filters	_____	_____	_____	_____	_____
Lint	_____	_____	_____	_____	_____
Dust	_____	_____	_____	_____	_____
Condensate waters	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(i) Is there a containment area around the machine? (Yes/No) If yes, indicate the capacity and the construction material of the containment area. _____